10/608083
Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

| TOTAL CLAIMS | umn 1) | (Column 2) | TYPE [| | OR | OTHER SMALL | |
|---|-------------------------------|---|---------------------|------------------------|------|--------------------------------|------------------------|
| | | (Column 2) TYPE | | | 0, , | SMIALL | ENTITY |
| FOR NUM | | | RATE | FEE | | RATE | FEE. |
| | BER FILED | NUMBER EXTRA | BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS 6 minus 20= | | .41 | X\$ 9= | | OR | X\$18= | 7300 |
| INDEPENDENT CLAIMS 5 minus 3 = | | ٠ كــــــــــــــــــــــــــــــــــــ | X42= | | OR | X84≈ | its a |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | +140= | | OR | +280= | |
| * If the difference in column 1 is less than zero, enter | | "0" in column 2 | TOTAL | | OR | TOTAL | 1,656 |
| CLAIMS AS AMEN | | | • | OTHER | THAN | | |
| 7-25-06 (Column 1) (Column 2) (Column 3) | | | SMALL E | ENTITY | OR | SMALL | |
| CLAIMS REMAINING AFTER AMENDMENT Total * @ / Minus Independent * 5 Minus | HIGH NUM PREVIO PAID | BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total + 6/ Minus | 6 | 1 = 0 | X\$ 9= | | OR | X\$18= | 0 |
| Independent + 5 Minus FIRST PRESENTATION OF MULTIPLE | *** 5 | | X42= | | OR | X84= | .0 |
| FIRST FRESENTATION OF MOCHELE | DEFENDENT | CEAIMI | +140= | | OR | +280= | 0 |
| | • | | TOTAL | | OR | TOTAL | 0 |
| ADDIT. FEE | | | | | | | |
| CLAIMS | HIGH | EST | 1 | ADDI- | | - | ADDI- |
| REMAINING AFTER AMENDMENT Total | NUM PREVIO PAID | DUSLY EXTRA | RATE | TIONAL | | RATE | TIONAL |
| Total & Minus | ** | = | X\$ 9= | · | OR | X\$18= | |
| Independent • Minus FIRST PRESENTATION OF MULTIPLE | DEDENDENT | CLADA 🗖 | X42= | | OR | X84= | |
| TIMOT TIESENTATION OF MICEIFEE | | · COMM | +140= | | OR | +280= | |
| | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total *. Minus Independent * Minus | HIGH NUM PREVIO PAID | BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total +, Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| Independent • Minus | *** | = | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | Un | <u> </u> | |
| +140= | | | | | OR | +280= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column. | | | | | | TOTAL ADDIT. FEE lumn 1, | |